## 2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

## Apr 05, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P0000001394 MERRY SUNSHINE SERVICES, INC. Principal Place of Business Mailing Address 20040 NW 3RD AVE. 20040 NW 3RD AVE. MIAMI, FL 33169 MIAMI, FL 33169 No Chg-P 03102004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0973186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FRIMOND, MERRY DO NOT WRITE 20040 NW 3RD AVE MIAMI, FL 33169 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. BBLE FRIMOND, MERRY NAME 20040 NW 3RD AVE. STREET ADDRESS U00000103322 04/05/04-80051-014 150.00 CHY-ST-ZIP MIAMI, FL 33169 TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C3TY - S7 - Z3P IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TETLE STREET ADDRESS CATY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNING OFFICER OR DIRECTOR

FILED

305-450-1214

Daytime Phone #